

CRA-Applications@Michigan.gov



## **ACKNOWLEDGMENT OF ATTESTATIONS**

## (To be completed and submitted by the applicant)

Do not sign until notary is present

1,		,
Name of Supp	lemental Individual	
hereby swear, acknowledge, and consent to the following acknowledgment and consent):	attestations (check all that apply to indi-	cate the applicant's
<ul> <li>□ Attestation A: Acknowledgment, Agreement &amp; Conse</li> <li>□ Attestation B: Authorization to Release Information</li> <li>□ Attestation C: Verification &amp; Affidavit of Full Disclos</li> <li>□ Attestation D: Acknowledgment of Federal Law &amp; Re</li> <li>□ Attestation F: Confirmation of Tax Compliance</li> </ul>	ure (with contact designated, if applicable)	
Further, I affirm, under the penalties of perjury, that the information is true, complete, and correct, and that no material information		pporting documents
Signature of Supplemental Individual	Date	
Subscribed and sworn to by(Supplemental Individual N	before me on	(Date)
(Notary Public Signature)	(Notary Public Printed Name)	
State of, County of	Acting in the county of(County)	, (State)
My commission expires:		

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